



Client No. 2036		Client Name OH MATERIALS				Location 1004 OSWEGO ST UTICA NY		Date 7/27/87					
Facility Equipment	Detex Clock	Weapon No.	Holster	Nightsick	Raincoat	Flashlight	Other TWO GATE KEYS - LOG BOOK - RADIO						
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) Kenneth Fralich				Officer—Swing Shift (Name) PATRICK J. Bloomquist		Officer—Grave Shift (Name) Dick Kozogski					
		Shift Began 8:00 AM Ended 4:00 PM		Shift Began 4:00 AM Ended 12:00 PM		Shift Began 12:00 AM Ended 8:00 AM							
Observations or actions taken	Yes	No	Explanation		Yes	No	Explanation		Yes	No	Explanation		
Rounds or stations missed		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
Unlocked vaults or safes		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
Fire-smoke-or hazards		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
2. Sprinkler system defective		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
4. Rubbish accumulation		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
5. Motors running		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	LIGHTS OUT		
6. Lights left burning		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	As Requested				<input checked="" type="checkbox"/>	0554		
Injury hazards		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
Visitors OHM & EPA people on site.		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	OHM & EPA		
Trespassing		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	PEOPLE ON SITE		
Violation of company rules		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
Remarks (0830 - Call - Sub. gone out) (0835 - Sub. gone out) (11:10 P. Burr - Thompson & Johnson in) (1135 Taylor Rental) (1143 Taylor Rental out) (1210 - Taylor Rental in) (1302 Taylor Rental out) (1307 - Thompson & Johnson out) (1320 - Scott E. Irving WTR) (1405 - WTR & 3 people left) (1415 Wentworth - Taylor Rental out) (1417 Hamm Welding in) (1450 Hamm Welding 2 trucks out) (1545 Don O'Neil Centron in)													
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.													
1. Were you injured during this tour?	Day Shift	1.	2.	3.	Swing Shift	1.	2.	3.	Grave Shift	1.	2.	3.	
Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
2. Did you suffer any illness?	Day Shift	1.	2.	3.	Swing Shift	1.	2.	3.	Grave Shift	1.	2.	3.	
Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3. Have you reported all accidents coming to your attention?	Day Shift	1.	2.	3.	Swing Shift	1.	2.	3.	Grave Shift	1.	2.	3.	
Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Signatures	Kenneth Fralich				Patrick J. Bloomquist				Dick Kozogski				
Signatures													
Signatures													

439231





Client No. 2036	Client Name CH MATERIALS	Location 104 GOWEN ST UTICA NY	Date 7/27/87									
Facility Equipment	Detox Clock	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other					
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) Kenneth Kalif		Officer—Swing Shift (Name) Patrick J. Bloomquist		Officer—Grave Shift (Name) Dick Kozloski						
Shift		Shift		Shift		Shift						
Began 8:00 AM		Ended 1:00 AM		Began 4:00 AM		Ended 12:00 AM						
Began 12:00 AM		Ended 8:00 AM		Began 12:00 AM		Ended 8:00 AM						
Observations or actions taken	Yes	No	Explanation	Yes	No	Explanation	Yes	No	Explanation			
Rounds or stations missed		✓			X			✓				
Unlocked doors, gates or windows		✓			X			✓				
Unlocked vaults or safes		✓			X			✓				
Fire-smoke-or hazards		✓			X			✓				
1. Extinguishers missing or defective		✓			X			✓				
2. Sprinkler system defective		✓			X			✓				
3. Fire doors or exits blocked		✓			X			✓				
4. Rubbish accumulation		✓			X			✓				
5. Motors running		✓			X			✓				
6. Lights left burning		✓		X		As Required		✓	0554			
Injury hazards		✓			X			✓				
Visitors OHM & EPA people on site.					X			✓	OHM & EPA			
Trespassing		✓			X			✓	PEOPLE ON SITE			
Violation of company rules		✓			X			✓				
Remarks (0830 - Call - Sub. gone out) (0835 - Sub. gone out) (1110 - Burr - Thompson & Johnson in) (1135 Taylor Rental in) (1143 Taylor Rental out) (1210 - Taylor Rental in) (1302 Taylor Rental out) (1307 - Thompson & Johnson out) (1320 - Scott Irving WINTER) (1405 - WINTER 3 people by) (1415 - Wentworth - Taylor Rental out) (1417 Hamm Welding in) (1450 Hamm Welding 2 trucks out) (1545 Don O'Neil Centron in)												
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.												
1. Were you injured during this tour?	Day Shift	1.	2.	3.	Swing Shift	1.	2.	3.	Grave Shift			
Yes	(No)	Yes	No	Yes	Yes	(No)	Yes	No	Yes			
2. Did you suffer any illness?	Yes	(No)	Yes	No	Yes	(No)	Yes	No	Yes			
3. Have you reported all accidents coming to your attention?	Yes	(No)	Yes	No	Yes	(No)	Yes	No	Yes			
Signatures	1.	Kenneth Kalif			1.	Patrick J. Bloomquist			1.	Dick Kozloski		
Signatures	2.				2.				2.			
Signatures	3.				3.				3.			